

# EXAMPLE CDC DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Education

## Required for Unlicensed Providers

**Billing website:** [www.michigan.gov/childcare](http://www.michigan.gov/childcare)

INSTRUCTIONS: Record the daily care begin time, the daily care end time, the child care hours, and the ill/holiday hours for each child in your care. Any changes must be initiated by the person making the change. See additional instructions on the back.

**Keep this form for your records.** A daily attendance record must be retained for **four years** for auditing purposes.

**Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.**

Provider ID Number:

Provider Name:

Pay Period Number:

Confirmation Number:

Page Number:

0123456
Laura Lansing
302
1

		Child's Name <b>Tommy Towers</b>					Age <b>9</b>	Child's Name <b>Tara Towers</b>					Age <b>5</b>	Child's Name <b>Tina Towers</b>					Age <b>10</b>
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial		Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial		Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	
Sun	1/13																		
Mon	1/14	3:30 pm	5:30 pm	2		PT		7:30 am	11:30 am	6		PT		7:30 am	5:30 pm	10		PT	
								3:30 pm	5:30 pm										
Tues	1/15	3:00 pm	5:30 pm	1.5		PT		7:30 am	11:30 am	6.5		PT		7:30 am	5:30 pm	10		PT	
								3:00 pm	5:30 pm										
Wed	1/16	4:00 pm	6:00 pm	2		PT		7:00 am	11:30 am	6.5		PT		7:30 am	6:00 pm	10.5		PT	
								4:00 pm	6:00 pm										
Thur	1/17				2	PT					6	PT					10	PT	
Fri	1/18				2	PT					6	PT					10	PT	
Sat	1/19																		
Sun	1/20																		
Mon	1/21	3:30 pm	5:30 pm	2		PT		7:30 am	11:30 am	6		PT		7:30 am	5:30 pm	10		PT	
								3:30 pm	5:30 pm										
Tues	1/22	3:30 pm	6:00 pm	2.5		PT		7:30 am	11:30 am	6.5		PT		7:30 am	6:00 pm	10.5		PT	
								3:30 pm	6:00 pm										
Wed	1/23	3:30 pm	5:30 pm	2		PT		7:00 am	11:30 am	6.5		PT		8:00 am	5:30 pm	9.5		PT	
								3:30 pm	5:30 pm										
Thur	1/24	3:00 pm	5:30 pm	2.5		PT		8:00 am	12:00 pm	6.5		PT		7:30 am	5:00 pm	9.5		PT	
								3:00 pm	5:30 pm										
Fri	1/25	3:30 pm	5:00 pm	1.5		PT		7:30 am	11:30 am	5.5		PT		7:30 am	5:00 pm	9.5		PT	
								3:30 pm	5:00 pm										
Sat	1/26																		

I certify that:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be disqualified from the program or prosecuted for fraud.

Child Care Provider's Signature	Phone Number	Date
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**Keep this form for your records.** A daily attendance record must be retained for **four years** for auditing purposes.  
**Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.**

Provider ID Number:

Provider Name:

Pay Period Number:

Confirmation Number

Page Number:

		Child's Name					Age					Child's Name					Age				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial					
Sun																					
Mon																					
Tues																					
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Child Care Provider's Signature

Phone Number

Date



## INSTRUCTIONS:

At the end of each pay period, providers must bill for child care hours by using Internet billing at: [www.michigan.gov/childcare](http://www.michigan.gov/childcare). You will need your provider ID number, and PIN.

For questions about billing, refer to the Child Development and Care Handbook. If you still need help call the Central Reconciliation Unit at 1-866-990-3227.

When completing your CDC Daily Time and Attendance Record, you will need to record:

**Provider ID Number:** Enter the 7-digit ID number (not license number) listed on the DHS-198, Child Care Provider Authorization.

**Provider Name:** Enter your name or the name of your facility.

**Pay Period Number:** Enter the number of the pay period that corresponds to the billing dates. See the table below. Use a separate page for each pay period.

Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date	Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date
12/30/12-01/12/13	301	01/17/13	01/25/13	06/30/13-07/13/13	314	07/18/13	07/25/13
01/13/13-01/26/13	302	01/31/13	02/07/13	07/14/13-07/27/13	315	08/01/13	08/08/13
01/27/13-02/09/13	303	02/14/13	02/22/13	07/28/13-08/10/13	316	08/15/13	08/22/13
02/10/13-02/23/13	304	02/28/13	03/07/13	08/11/13-08/24/13	317	08/29/13	09/06/13
02/24/13-03/09/13	305	03/14/13	03/21/13	08/25/13-09/07/13	318	09/12/13	09/19/13
03/10/13-03/23/13	306	03/28/13	04/04/13	09/08/13-09/21/13	319	09/26/13	10/03/13
03/24/13-04/06/13	307	04/11/13	04/18/13	09/22/13-10/05/13	320	10/10/13	10/17/13
04/07/13-04/20/13	308	04/25/13	05/02/13	10/06/13-10/19/13	321	10/24/13	10/31/13
04/21/13-05/04/13	309	05/09/13	05/16/13	10/20/13-11/02/13	322	11/07/13	11/15/13
05/05/13-05/18/13	310	05/23/13	05/31/13	11/03/13-11/16/13	323	11/21/13	11/27/13
05/19/13-06/01/13	311	06/06/13	06/13/13	11/17/13-11/30/13	324	12/05/13	12/12/13
06/02/13-06/15/13	312	06/20/13	06/27/13	12/01/13-12/14/13	325	12/19/13	12/27/13
06/16/13-06/29/13	313	07/04/13	07/11/13	12/15/13-12/28/13	326	01/02/14	01/09/14

\* Billing deadlines on days before holidays are at 4:00 PM on the indicated date. Otherwise, they are at the end of the day (midnight). Delays in payments should be expected during holiday periods when state offices and post offices are closed.

**Confirmation Number:** Enter the confirmation number found in the upper right corner of the DHS-105, Child Development and Care Billing/Attendance Invoice.

**Page Number:** Enter the page number. Use additional records if you care for more than three children.

**Child's Name and Age:** Enter the name and age of each child for whom care has been authorized for the billing period. Place them in alphabetical order by last and first name.

**Care Begin and End Times:** Enter the times in hours and minutes, indicating if it is AM or PM.

**Child Care Hours:** Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter half hours as .5. **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

**Child Ill/Holiday Hours** Absences due to holidays or the child's illness (not to exceed 208 hours per fiscal year) can be billed if you charge the general public (all families) for the holiday or absences due to illness AND if the child would have normally been in care that day. If you do bill ill/holiday hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the holiday or the absence occurred, enter the number of hours being billed, rounded to the nearest half hour. Enter a half hour as .5. See the Child Development and Care Handbook.

**Parent or Authorized Representative Initial:** The parent or authorized representative must initial daily for each child, for those days they were in care, to indicate that the entries are correct.

**Child Care Provider's Signature and Date:** The person authorized to complete the billings must sign and date the form.

### HOW TO ROUND TO THE NEAREST HALF HOUR:

**Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.**

If the minutes in the care begin/end time are between 1-15, drop them. For example, for a care begin time of 8:15 a.m., enter 8:00 a.m.

If the minutes in the care begin/end time are between 16-45, round to the half hour (:30). For example, for a care end time of 4:45 p.m., enter 4:30 p.m.

If the minutes in the care begin/end time are between 46-59, round to the next full hour. For example, for a care begin time of 7:52 a.m., enter 8:00 a.m.

**Please note:** Parents are responsible for child care expenses that are not paid by the department including expenses incurred while a parent or provider's eligibility is being determined. Parents are also responsible for child care expenses when care is provided while the parent is not attending his/her authorized activity.